

OCT 11 2005

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To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment Commissioner for Patents	(571) 273-8300	(571) 272-8137

FROM: Jie Zhou, Ph.D.**DATE:** October 11, 2005

Number of pages with cover page:	7	Originals Will Not Follow
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Comments:

Attorney Docket No.: 544112000200
 Group Art Unit: 1652
 Examiner: I. Chowdhury
 Application No.: 10/825,911
 Filing Date: April 16, 2004
 Inventor(s): Xinli LIN
 Title: METHODS FOR PRODUCTION OF RECOMBINANT UROKINASE

Papers enclosed:

- 1) Transmittal (1 page)
- 2) Fee Transmittal + duplicate (2 pages)
- 3) Response to Restriction Requirement (2 pages)
- 4) Petition for Extension of time (1 page)

pa-1016949

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PTO/SB/21 (09-04)

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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages In This Submission	6	Attorney Docket Number	544112000200
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ENCLOSURES (Check all that apply)

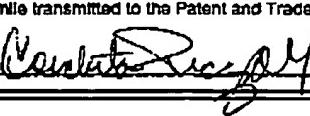
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply (2 pages)	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Fax cover sheet
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Remarks	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Jie Zhou		
Date	October 11, 2005	Reg. No.	52,395

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: October 11, 2005

Signature:  (Conchita Picazo-Mejia)

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PAGE 27 * RCVD AT 10/11/2005 7:41:44 PM [Eastern Daylight Time] * SVR:USPTO-EXRF-6/27 * DNIS:2738300 * CSID:650 813 5993 * DURATION (mm:ss):02:00

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 481). FEE TRANSMITTAL For FY 2005		Complete if Known				
		Application Number	10/825,911			
		Filing Date	April 16, 2004			
		First Named Inventor	Xinli LIN			
		Examiner Name	I. Chowdhury			
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	1652			
TOTAL AMOUNT OF PAYMENT (\$) 225.00		Attorney Docket No. 544112000200				
METHOD OF PAYMENT (check all that apply)						
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Note <input type="checkbox"/> Other (please identify): _____						
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP						
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)						
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee				
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments				
FEE CALCULATION						
1. BASIC FILING, SEARCH, AND EXAMINATION FEES						
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0
2. EXCESS CLAIM FEES				Small Entity		
Fee Description				Fee (\$)	Fee (\$)	
Each claim over 20 (including Reissues)				50	25	
Each independent claim over 3 (including Reissues)				200	100	
Multiple dependent claims				360	180	
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		
24		- 24 = 0	× 25	= 0.00		
				Multiple Dependent Claims		
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)		
1		- 3 = 0	× 100	= 0.00		
				Fee (\$)	Fee Paid (\$)	
				180	0.00	
3. APPLICATION SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).						
Total Sheets		Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	
- 100 =		/50	(round up to a whole number) ×	=		
				Fees Paid (\$)		
4. OTHER FEE(S)						
Non-English Specification, \$130 fee (no small entity discount)						
Other (e.g., late filing surcharge): 225.2 Extension for response within second month				225.00		
SUBMITTED BY						
Signature			Registration No. (Attorney/Agent)	52,395	Telephone	(650) 813-5922
Name (Print/Type)	Jie Zhou		Date	October 11, 2005		

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PAGE 3/7 * RCVD AT 10/11/2005 7:41:44 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/27 * DNIS:2738300 * CSID:650 813 5993 * DURATION (mm:ss):02:00